

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 2:14-cv-00114
DEFENDANT Deborah LeFaivre, President Caledonia Insurance Agency, Inc.	TYPE OF PROCESS Order to Show Cause; Petition; Hearing Notice

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Deborah LeFaivre, President Caledonia Insurance Agency, Inc.
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 663 Old Center Road, St. Johnsbury, VT 05819

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 3
Tristram J. Coffin, U.S. Attorney U.S. Attorney's Office P.O. Box 570 Burlington, VT 05402-0570	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Please serve ASAP but prior to July 22, 2014

Signature of Attorney other Originator requesting service on behalf of:
Melissa A.D. Ranaldo, AUSA

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER
802-951-6725

U.S. MARSHAL SERVICE
DEPUTY CLERK
JUN 23 2014
3085 JUN 24 PM 2:22
U.S. DISTRICT COURT
VERMONT
FILED
6/23/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 82	District to Serve No. 82	Signature of Authorized USMS Deputy or Clerk Km m. Kent	Date 6-23-14
---	--------------------	------------------------------	-----------------------------	--	-----------------

I hereby certify and return that have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
--	--

Address (complete only different than shown above)	Date 6/24/14	Time 1000 am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy Km m. Kent		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------	--	----------------	---------------	------------------	---

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED